Frequently Asked Questions
April, May, June 2008

Q: What client data will be converted from InSyst to Anasazi?
A: For the 60,000 clients with open episodes, we will transfer as much data as possible, such as name, DOB, address, insurance, and diagnostic profile. For the approximately 300,000 clients with closed episodes, we will transfer only name, DOB, and SSN to avoid transferring outdated/inaccurate information. We will have further information after we complete the System Acceptance Tests in June, 2008.

Q: When clients receive services in several programs and have multiple diagnoses, which diagnosis will be transferred to the new system at Cutover?
A: The most recent 5-axis diagnostic profile from the most recent episode will be transferred from InSyst to Anasazi MIS. We strongly recommend that you review the diagnoses for all of your clients before Cutover so only accurate diagnoses are transferred. This includes making sure that changes in diagnosis which have been entered into the client chart are *also* changed in InSyst.

Q: During the cutover, when neither InSyst nor Anasazi is available, how will we find out whether a client has been admitted or discharged from inpatient services, or is trying to obtain duplicate services in more than one program during this time?
A: We hope the system won't be down for long, as nobody will have access to this information during the cutover period. We'll be reviewing the length of time the systems are down and will work to minimize it. When the MH MIS is live after the cutover, the backlog of data which was sent via paperwork to the centralized data entry team will be entered into the MH MIS by that team. That information will then be available for staff to do look up.

Q: Will we still use CPT codes?
A: Service codes which have been developed and defined by County QI will be entered into the new MIS. Any mapping to codes which are required to meet federal Regulations will take place by the "behind the scenes" programming in Anasazi.

Q: Will programs which do MAA billing also be able to bill in Anasazi? Do we need to have progress notes in order to bill?
A: Those programs which currently do MAA billing will continue to bill in the new Anasazi MIS. There is no change in the documentation standards for Phase I.

Q: How is this web based system more secure than paper charts?
A: Right now, anyone with access to the paper chart has access to PHI. The new MH MIS first requires having a password to download and gain access to an interface system (Citrix) onto the computer. Another password is then needed to access the MH MIS and the staff person's security menu further determines their degree of access. In addition, the system is on a secure server and the data is encrypted. No information is stored on an

individual's computer. The MH MIS also tracks when and by whom information is accessed.

Q: How will the level of staff access to Anasazi be determined, and by whom?
A: Staff will have security menus assigned to them by the MH MIS Unit, based partly on the program assignment, job function, and credential information which has been provided. Some clinical staffs may additionally need the same access that data entry staffs have due to the needs of their programs. Training on security access will be provided to program managers over the summer.

Q: When Anasazi is uploaded from InSyst, will the new staff ID's be converted?
A: Yes. We created conversion charts to do this. If staff leaves before the conversion, please remove their staff ID from InSyst so we don't convert inaccurate information. In the new MH MIS, when staffs leave a program it will also be very important to inactivate and remove their staff ID's and remove their access to your program's computers so security is not compromised.

Q: Will it be clinicians or clerks who enter data for Phase I?
A: It is most likely that whoever currently enters data into InSyst will also enter the data in Phase I. Each program will need to decide this based on its own needs/processes and work with their COTR's to ensure the program planning is appropriate. Also, implementing the MH MIS will provide both the need and opportunity for staff to develop/use additional skills.

Q: Since there will be one diagnostic profile for clients in the MH MIS, which diagnosis will have priority when multiple service providers give different diagnoses?
A: The Clinical Standards Committee, with representation from county and contracted providers of adult and child services, met for several months to help us with these decisions. The Practice Guidelines which have been developed will be disseminated for your use prior to the Cutover. Please keep in mind that the MH MIS allows multiple diagnoses to be included. We hope and expect that service providers will use this opportunity to collaborate and work toward agreement about client care.

Q: Collaboration among professionals to agree on client diagnosis and care may be quite challenging. What will prevent multiple clinicians who all provide services to a client from one-upping each other? What suggestions do you have to assist us?
A: We agree that the changes with this new MH MIS provide both challenges and opportunities for coordinating client care. The Practice Guidelines which have been developed will determine which program's diagnosis takes priority, and we will work to coordinate the system. For example, with predetermined exceptions, in the first year after Phase I implementation, diagnoses may be added but not removed. Many programs successfully use team approaches to diagnosis and client care. We will continue to collect information about the issues involved with collaborating so we can develop guidelines. We will welcome and seek your involvement in this process.

Q: What kinds of reports will be available in the new system?
A: The Anasazi software has about 170 “canned reports” available, and San Diego County is developing some of our own. The data can be pulled with considerably more flexibility, and some of it is exportable so it can be manipulated into reports. Access to reports will be controlled through the security menus assigned to each staff person. Programs will be able to obtain the information which is currently available to you and is needed for program management.

Q: What is the process to track services right before the cutover to the MH MIS?
A: Services which are provided and entered into InSyst before the cutover date will be available for “view and lookup” before and after cutover. Services which were provided before cutover but weren’t entered into InSyst will be entered into InSyst by the centralized data entry team after cutover. All services provided after cutover will be entered on site into the MH MIS via “Draft Service Entry” until staff at the site have been trained to do Service Entry directly into the MH MIS.

Q: Will we still do “void and replace” in the new system?
A: Void and Replace is still being developed by the State. Once the system becomes available it will available in Anasazi. The process that programs currently use to correct errors in InSyst, such as deleting services and self- report disallowances , will be addressed differently in Anasazi because the record is now part of an Electronic Health Record (EHR). Training on the new processes will be provided as we move closer to implementation.

Q: When is the cutover to the MH MIS expected? When will staff be trained?
A: At this time, the MH MIS Project Team gives a “target” for cutover as October 1, 2008. We continue to test the system to learn whether it is ready to perform as expected. The plan is for Cutover to take place October 1, 2008, except in the very unlikely event of finding a major problem. Staff Seminar Training for all staff begins September, 2008. The trainings and timelines will be posted on the MIS-UPDATE.org website and also distributed to program managers in July, 2008.